Health is a State subject and the provision and expansion of the medical infrastructure is done by the State Governments within their overall resources and priorities.

The State-wise network of rural health infrastructure of sub-centres, Primary Health Centres and Community Health Centres are given in the annexure-I.

Establishment of rural health infrastructure including tribal areas comes under the Minimum Needs Programme for which earmarked outlays are allocated to the States by the Planning Commission for stablishment and qualitative improvement of the infrastructure. The targets and achievement are indicated below:

	7th Plan		1990-91		1991-92	
	Target	Achievement	Target	Achievement	Target	Achievement
Primary Health Centres .	11992	9831	1396	1707	795	198
Sub-Centres . . .	51237	45238	NIL	708	NIL	220
Community Health Centres	1442	1096	285	70	268	90

During the 8th Plan, there will be more consolidation with minimal expansion in terms of improving quality of pansion in terms of improving quality of ing of man-power, supplying of equipments and medicines, construction of buildings, etc.

Construction of Hospitals in Delhi

3856. SHRIMATI VEENA VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what progress has been made in the construction of seven hospitals in the peripheral areas of Delhi under Delhi Administration; and

(b) when the construction work of these hospitals was started and by when it is likely to be completed?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): (a) and (b) A statement is enclosed.

Statement

S. No.	Name of the Hospital	Present position of construction	Date of Starting of construction	Date of completion
1	2	3	4	5
1.	100 bedded Lal Bahadur Shashtri Hospital, Khichripur	OPD services have started in December, 1991.	April, 1988	Likely to be completed in the year 1993-94.
2.	100 bedded Babu Jagjivan Ram Memorial Hospital, Jahangirpuri.	OPD services are likely to start during, 1992.	During, 1989.	Do.

1	2	3	4	5
3.	100 bedded Guru Gobind Singh Hospital, Raghubir Nagar.	Revised EFC Memorandum is being prepared by Delhi Administration.	Not yet started.	Likely to be completed in 1997.
4.	100 badded hospital at Sirsapur, Alipur Block.	The N.O.C. regarding change of land use from DDA has been received and appointment of private architect is in the final stage.	Do.	Completion date not yet assessed, pending appointment of private architect.
5.	100 bedded hospital at Village Pooth Khurd.	The notification for calling the objections regarding change of land use has been invited by DDA.	Do.	Completion date not yet assessed.
6.	100 bedded Hospital at village Maidan Garh.	The N.O.C. for change of land use is yet to be obtained by D D.A.	Do.	Do.
7.	500 bedded Dr. Ambedkar Hospital at Rohini.	Private architect has prepared capital estimates and the exercise for preparing EFC memo is	Do.	Likely to be completed in 1997.

Sanjay Gandhi Memorial Lectures on 'Women and Family Planning

3857. SHRIMATI VEENA VERMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the Sanjay Gandhi Memorial lectures on "Women and Family Planning" delivered in New Delhi on or around 22nd-23rd June, 1992;

(b) if so, what are the main suggestions and observations made therein;

(c) whether it was suggested therein to formulate a new Family Planning Policy; and

(d) if so, what is Government's reaction thereto?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SMT. D. K. THARA DEVI SIDDHARTHA): (a) to (d) Delivering the Sanjay Gandhi Memorial lecture on "Women and Family Planning" on the 23rd June, 1992; Smt. Avabai B. Wadia, President, FamilyF Planning Association of India, inter-alia, made the following main suggestions/ observations:—

(i) Making Family Planning widely available is one of the most important steps which needs to be taken to improve the maternal and child health care.

(ii) The quality and outreach of rural health services need to be improved for increasing the acceptance of Family Planning.

(iii) High growth rate of population retards development and causes environmental degration.

(iv) The factors such as the status of women, infant mortality rate, female literacy and age at marriage of women also need to be tackled effectively to create conditions for speedy fertility decline.

(v) A new Polulation Policy needs to be enunciated and adopted by the Parliament, with focus on linkages between population and developmental/ environmental concerns.